

Humboldt County Children and Families Commission

DRAFT

Strategic Plan

April 28, 2000

c/o maternal and Child Health Division
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- Alcohol & Drug Advisory Board
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- Child Welfare Advisory Committee
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- Humboldt Assoc. for the

- Education of Young Children
- Humboldt Community NETwork
- Humboldt Healthy Families Collaborative
- Juvenile Justice & Delinquency Prevention Commission
- Local Child Care Planning Council
- Mental Health Advisory Board, Children's Subcommittee
- Northcoast Child Nutrition Task Force
- Orick School District
- Redwood Empire Perinatal Annual Conference
- Willow Creek Community Resource Center
- Whole Child Interagency Council

Parents who attended focused discussion groups

Service providers who attended focused discussion groups

Service providers who attended the 5-18-99 forum from the following agencies:

- Adoptions Horizon
- American Cancer Society
- Big Brothers/Big Sisters
- County Office of Education
- Eureka City Schools
- Fortuna Union School District
- Foster Parent Association
- Humboldt Area Foundation
- Humboldt Child Care Council
- Humboldt Community Switchboard
- Humboldt County Departments:
 - Mental Health
 - Public Health
 - Social Services

- Humboldt State University
- Humboldt Women for Shelter
- Mobile Medical Office
- North Coast Children's Services
- Orick School
- St. Joseph's Health System
- So. Humboldt Unified School District

Those who gave their time to attend Commission meetings

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Table of Contents

I.	Introduction	5
II.	A Vision for Children and Families in Humboldt County	6
III.	The Planning Process	7
IV.	Needs Assessment, Service Availability, and Service Gaps	11
V.	Commission Goals and Objectives	16
VI.	Program Strategies	17
VII.	Infrastructure Support Strategies	22
VIII.	Proposed Staffing	23
IX.	Resource Allocation	24
X.	Evaluation	25
	Appendices	27
A.	List of Assessments and Reports reviewed	29
B.	Background of Humboldt County	31
C.	Costs of tobacco use for TANF Families	32
D.	Potential Strategies, Indicators and Outcomes	33

“My dream for my daughter is that she grows up and is as self-sufficient as she can be, to be as individual as she can be, and hopefully with her upbringing to be able to find out and come to her own conclusions what life is all about and to find herself. I’ve come to the realization in my life that the physical things of life don’t really matter; you know, if she walks, that’s great, if not . . . the more she progresses and stuff that’s great but it’s what she realizes, what she figures out on her own, how she overcomes her disabilities. That’s my dream.”
—[Teen father of a special needs child]

I. INTRODUCTION

In November 1998, California voters approved Proposition 10, the California Children and Families Initiative. Proposition 10 added a 50 cents per pack tax to tobacco products. The revenues from this tax are earmarked to meet early childhood development needs of children ages prenatal to age five. Eighty percent of the revenues from the tax are distributed to California counties after they have developed and submitted individual Strategic Plans to the State. Twenty percent of the revenues remain with the State for statewide projects meeting childhood development needs. The amount of the distribution to each county is based upon its birth rate.

The California Children and Families Commission began work shortly after the passage of Proposition 10 to develop Guidelines for County Strategic Plans. The following excerpt from the Guidelines is the State's Mission Statement, and is a precise summary of Prop 10's intent:

"The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, all children prenatal to five years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality child care, parent education and effective intervention programs for families at risk, children and their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments will lay in the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society."

The State Commission identified three "strategic results"/goals inherent in the Children and Families Act. Local County Commissions were encouraged to consider these strategic results when writing their Strategic Plans for programs and services. They are:

- 1) Improved Family Functioning: Strong Families**
- 2) Improved Child Development: Children Learning and Ready for School**
- 3) Improved Child Health: Healthy Children**

This document is the Strategic Plan developed by the Humboldt County Children and Families Commission to comply with State Guidelines and the intent of the Children and Families Act of 1998. The following pages represent the work accomplished by the County Commission since its formation in January 1999. The Commission recognizes that the Plan is broad in scope and covers a

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II. A Vision for Children and Families in Humboldt County

Our Vision

All Humboldt County children thrive in supportive, nurturing families and neighborhoods, enter school ready to learn and become active participants of their communities.

Our Mission

Research in child development clearly indicates that the emotional, physical, intellectual, spiritual and social environment which a child experiences in the earliest years of life has a profound impact on how the child develops. A child's experiences with parents and caregivers significantly influences how that child will function in school and as an adult.

The Humboldt County Children and Families Commission together with families and communities will promote comprehensive, integrated systems of services for early childhood development in order to insure that all children enter school in good health, ready and able to learn. Parents, caregivers, and the community will be supported in their efforts to foster secure, healthy and loving children eager to learn and develop their full potential.

Our Principles

The Humboldt County Children and Families Commission will, in its actions:

- Promote the community building process
- Model principles of family/community support in all activities, including governance, planning, and administration
- Advocate for fair, responsive, and accountable systems that are based on the strengths and diversity of our community and families
- Support integrated, comprehensive, and accessible systems that enhance the well-being of families
- Support concepts and action plans that affirm and strengthen the cultural, ethnic, and linguistic identity of families and enhance the ability of the families to function in a multicultural society
- Support activities that have made or have potential to make a healthy change in the lives of children and families
- Build community capacity to sustain the work after funding has diminished
- Support activities that are fiscally sound and maximize the use of Proposition 10 funds
- Communicate and disseminate its process, purpose and actions throughout the county
- Support endeavors that enhance and strengthen existing systems rather than supplant them
- Create an endowment to ensure support of the Commission's vision
- Support a commitment to prevention activities that maximizes existing resources and minimizes duplication of efforts

Our Goals

- To increase the number of children that thrive in supportive, nurturing families and neighborhoods
- To increase the number of children who enter school ready to learn
- To increase the number of children and families who become active participants of their communities
- To increase the integration, linkage and coordination among those that serve children and families

III. The Planning Process

A. Background

On December 15, 1998, the Humboldt County Board of Supervisors adopted Ordinance 2185 to add Chapter 1 of Division 7 of Title V, Section 130140 of the Health and Safety Code, creating the Humboldt County Children and Families First Commission and the Humboldt County Children and Families First Trust Fund. In January 1999 the Board appointed three county representatives and six community members to the Commission. They are:

<i>Phillip R. Crandall,</i>	<i>Dept. of Social Services</i>
<i>Nancy Frost,</i>	<i>Humboldt State University</i>
<i>Elaine Gray,</i>	<i>Freshwater School District</i>
<i>Sydney Fisher Larson,</i>	<i>College of the Redwoods</i>
<i>Ken Nakamura,</i>	<i>Humboldt State University</i>
<i>Bonnie Neely,</i>	<i>Board of Supervisors</i>
<i>Brian Nunn,</i>	<i>Foster Parent Assoc. of Humboldt County</i>
<i>Rebecca Stauffer,</i>	<i>Humboldt County Public Health Dept.</i>
<i>Kathy Stone,</i>	<i>United Indian Health Services</i>

The Commission met for the first time in February 1999, and has met regularly weekly or biweekly since its creation. In April 1999 the Commission contracted with three consultants who act as staff to the Commission. Their names are included in the Acknowledgments. In September 1999 the Commission changed its name to the Humboldt County Children and Families Commission, following the lead of the State and other county commissions in eliminating the word

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In order to complete a Strategic Plan for Humboldt County, Commissioners engaged in a planning process with the assistance of the Consultants. The planning process included the following elements, which are discussed in more detail in sections B-E on the next two pages.

- Developing an infrastructure for the Commission
- Researching and identifying models and “best practices,” performance of a Needs Assessment, services and asset listing, and services/supports gap analysis
- Outreaching to the community to share information about Proposition 10, explain the planning process, and obtain input on needs, resources, and feasibility of the Strategic Plan
- Developing the Strategic Plan

B. Infrastructure Development

Developing an infrastructure to support the Commission's planning process included:

- Creating bylaws
- Setting up a Children and Families trust account
- Investigating investment options
- Identifying clerical staff to assist Commission members
- Hiring Consultants to help Commission accomplish tasks
- Developing a job description for permanent staff to the Commission and seeing it through the personnel process
- Developing meeting times and a committee structure for the Commission. Current subcommittees include Operations, Community Advisory, Community Connection, and Strategic Plan Framework.
- Developing a vision, mission, and principle's statement
- Identifying options for Commission organization, which included working through the County, becoming an independent organization, or working through a nonprofit organization. The option chosen was to work through a nonprofit, community-based organization.
- Creating an endowment fund
- Developing a Strategic Plan work plan and timeline for completion

C. Research, Needs Assessment, and Snapshot of Existing Services

Research: The consultants researched "best practices" and programs through an Internet search and through materials given to them by Commission members and other professionals in the fields of early childhood education, child care, health and social services. Literature from programs in Alaska, New Jersey, North Carolina, Oregon and Vermont that focus on children's readiness for kindergarten was reviewed, and several concepts of these programs were incorporated into the Strategic Plan. Consultants and Commission members also keep up-to-date with the progress of other counties' Strategic Plans for Proposition 10 funding.

Needs Assessment: Five strategies were used to gather information for the Needs Assessment. They are:

- Reviewing and summarizing existing written Needs Assessments and reports. Sixty existing reports from the past five years were reviewed and summarized in written form. A list of these reports is in Appendix A.
- Holding a full-day forum for providers of children and family services to gather in-person, verbal information. This information was recorded and summarized in written form.
- Publishing a newspaper survey in the major county newspaper, eliciting eighty written responses from parents.
- Holding in-person focused discussion groups with providers of children and family services. This verbal information was transcribed and summarized in written form.
- Holding in-person focused discussion groups with parents who currently use services or who are members of under-represented groups. This verbal information was transcribed and summarized in written form.

“Snapshot” of Services and Supports: A working document depicting the existing services and supports as of Fall 1999 was developed during the planning process. This “snapshot” of services was used as part of the Needs Assessment.

D. Community Involvement in the Planning Process and Outreach to the Community

There were two aspects to community involvement in the development of the Strategic Plan. First was the gathering of community input into what activities could be included in the Plan. Gathering the input involved the following activities.

1. One hundred nine people attended twelve focused discussion groups. A focused discussion group is a two-hour meeting with several people who respond to questions and discuss issues. The groups that focused on parents included parents from the Head Start/Early Head Start Policy Council; parents of special needs children; CalWORKS students; Native American parents; H’Mong Parent Co-op members; and parents who use child care services. Separate focused discussion groups were for providers of service for children. These groups included foster parents, home visitors and line staff from a variety of programs; child care staff and child care advocates; staff from County Mental Health and Child Welfare Services; and the Early Start HART/Med Team. The conversations from these groups were tape-recorded, transcribed, and then summarized in written form.
2. Seventy-five providers of services to children and families attended a forum on May 18, 1999. These providers are from several agencies and groups, which are listed in the Acknowledgments. Several of these providers work in an administrative capacity in their agencies, and are not direct providers of services. These providers spent a full day in small groups brainstorming potential needs and activities for Prop 10 funds. The small groups then reported back to the group as a whole. Their verbal input was recorded on flip charts and summarized in written form.
3. Eighty people responded to a two-question survey that was published in local newspapers and was made available at all branches of the public library. The written responses to this survey were summarized in a written graph.
4. Public Hearings will be held in four geographic areas of the county—Central Humboldt (Eureka); Southern Humboldt (Garberville); Eastern Humboldt (Willow Creek); and Northern Humboldt (Arcata). These public hearings will allow community members to comment on the Draft Strategic Plan. Additional methods for public comment on the Draft Plan will be through the “comments” section on the Commission’s interactive website; through comment sheets available, with the Draft, at all branches of the public library; and through written input of the Commission’s Advisory Groups, all of which will receive a copy of the Draft.
5. The Commission’s meetings and its subcommittee meetings are subject to the requirements of the Brown Act and are open to the public. Meetings have provided, and continue to provide, the opportunity to provide input into the planning process. People who have attended Commission meetings to date are listed in the Acknowledgments.

The second aspect of community involvement is the sharing of Prop 10 information with the community. In addition to the above methods of sharing information, the following are used to inform and educate.

1. A Fact Sheet published on May 5, 1999.
2. The Commission published its first newsletter in October 1999 and a second in December 1999. This newsletter is distributed through county and nonprofit agencies, public libraries, and mailed to individuals on the Commission's mailing list. This mailing list includes individuals who have provided input into the planning process, members of other countywide collaborative groups, Healthy Start programs, and local collaborative groups. The newsletters provide contact names and numbers for Commission members, updates on progress toward developing a plan, a schedule of meetings, and fiscal information. It is also available on the Website.
2. The Commission's interactive Website was developed and became operative in January 2000. Located at www.humkids.org, the site contains a home page with links to the Commission's Vision, Mission, and Guiding Principles in English and Spanish. Minutes and Agendas from meetings are posted and updated regularly. A copy of the Draft Strategic Plan is also located on the Website, along with a mechanism to provide comments about the Draft which can be accessed by Commissioners and Consultants.
3. Information stands about Proposition 10 and the Commission are set up in the branches of the public library.
4. A Commissioner attends the meetings of the Northcoast Funders Clearinghouse to keep its members updated.
5. A progress report was presented to the Board of Supervisors in March 2000.

E. Strategic Plan Development

Beginning in November 1999, Commission members worked with Consultants to review the data gathered during the needs assessment process. After this review, members brainstormed potential goals, objectives, strategies, and outcomes for the Plan. The meetings at which these topics were discussed were attended by members of the public, who had ample opportunity to provide input into the process. The results of this work are outlined in Section V, "Commission Goals and Objectives" and Section VI, "Program Strategies."

IV. Needs Assessment, Service Availability, and Service Gaps

There were several steps necessary to gather enough data that would allow the Commission to determine priorities in developing the Strategic Plan. The first of these was to define the needs of children and families in Humboldt County. The second was to document existing services, assets, and strengths in Humboldt County communities. Finally, service gaps in Humboldt County were identified. Note that all information discussed in this section applies to Humboldt County unless otherwise indicated. A short background Humboldt County is found in Appendix B.

A. Needs Assessment

1. Review of existing needs assessments and reports: A review of 60 written needs assessments and reports published by governmental agencies, nonprofit organizations, and schools over the last 5-7 years identified several recurring themes. A list of these reports is in Appendix A. These themes are indicated in italics below. There are a number of themes discussed in the written assessments. Each is equal in importance; however, there are more data available about some of these themes than others.

Rural areas. People in rural areas like Humboldt County are often isolated from public services and community support, and have difficulty accessing services and relationships with others that are available. Half of the children in the county live outside of the metropolitan Humboldt Bay Area (Eureka, Arcata, McKinleyville and Fortuna), distant from services and recreational supports.

Poverty and unemployment affect a significant number of county citizens. Many families lack money to meet basic needs. Housing costs are high. Recipients of public assistance or earners of minimum wages cannot afford the fair market rent of a studio apartment in Humboldt County. Forty percent of the county's renters pay more than 35% of their income for rent. Most new jobs being created are in the service and retail sectors and pay minimum wages. Several reports found there is a need for job development and job readiness services in the county.

Young children are the county's poorest citizens. The county's poverty rate has been higher than the State's since 1970. In 1996, estimates put the overall county poverty rate at 18%; the State's at 14%. The highest poverty rate is in the 0-5 age group (27.5%). Twenty-two percent of families with children age 0-5 receives TANF. Fifty-five percent of all births in the county in 1996 were funded by Medi-Cal. Thus young children and those families most likely to be raising young children are the most likely to be living in poverty. The County's infant and child deaths come disproportionately from the poorest families.

Family and community difficulties and stress. Poverty and unemployment can lead to family and community difficulties and stress. Stress and difficulties are sometimes manifested in crime, youth gangs, domestic violence, homelessness, and substance abuse, among other problems.

Tobacco use is high among pregnant women, and children are exposed to tobacco smoke at a high rate. June 1997 Women, Infants and Children (WIC) data revealed that 34% of women enrolled in WIC smoked, and 50% of WIC enrollees (women and children) were exposed to secondhand smoke. Twenty-one percent of Humboldt County women who have been pregnant in the last five years smoked

prior to pregnancy. Thirty-one percent of children ages 0-5 have been exposed to household smoking. Information about the costs of tobacco addiction for TANF families is included in Appendix C.

The consumption of alcohol in Humboldt County is about 20% greater than the national average. The county also has higher rates of other drug consumption than the State of California. Anecdotal reports from perinatal service providers, public health nursing, and other home visiting agency staff rank substance use as the number one problem they encounter in their work with families with young children, though accurate numerical data has not been found.

Child abuse is a constant concern for all professionals working with families with young children. Sixty-four percent of women who delivered babies in Humboldt County from January-August, 1998 had at least one risk factor for child abuse and neglect noted on their risk summary forms, a form that asks several questions to determine whether the baby is going home to a safe, nurturing environment. There were 4,417 referrals to Child Welfare Services in 1998. Sixty percent of these referrals were for general neglect. Physical abuse constituted 18% of referrals, with sexual abuse at 14%. Child Welfare caseloads for July-September 1998 were 58 in Family Maintenance; 60 in Family Reunification; and 230 in Permanency Planning. There were 297 open foster care cases on the last day of February 1999. The average months in placement were 34.9. Data was not broken out into the 0-5 age group.

Between 1991 and 1998 there were 278 fetal, infant and child deaths. According to the Humboldt County Fetal & Infant Mortality Review and Child Death Review Team (FIMR/CDRT), infants (age birth to one year) in the County between 1991-98 died at a rate of 7.8 per 1000, as compared to the State rate of 5.9 per 1000 and the national Year 2000 goal of 7.0 to 1000. In 1991-96, the postneonatal (age 28 days to one year) death rate was 78% higher than the Year 2000 goal. The infant mortality rate was 23% higher than the Year 2000 goal. Infant mortality from 1991-96 for those with Asian or American Indian backgrounds was twice as high as that of White residents. In a 1998 Trend and Risk Factors Analysis, FIMR/CDRT found several factors associated with fetal or infant mortality. These factors can be divided into two groups—those factors identifiable during the prenatal period, and those identifiable after the birth of the baby. The risk factors identifiable during the prenatal period are: the mother having less than a 12th grade education; having a child in the family who died previously; mothers' age of 21 or less; late or no prenatal care; first pregnancy (for fetal demise) or parity or more than two (for infant mortality); and Asian or American Indian background. Risk factors identifiable after birth are: low birth weight; premature birth; infants born outside Humboldt County; twins or other multiple birth; and Medi-Cal or parent payment for birth. The continuing problems of child abuse and neglect; too many preventable injuries causing morbidity and mortality for children, with an inadequate injury prevention response in the community; and children who are too often inadequately supervised for their developmental stage at home and at play are all contributing factors to these deaths. These data are based on small numbers and must be considered in that context.

In Humboldt County, deaths among children due to unintentional injury, especially motor vehicle accidents and drowning, are high, as are hospitalizations due to unintentional injuries. At two recent child safety seat clinics, 80% of car seats were improperly installed. Unintentional injuries in young children are closely linked to lack of parental supervision and parents' understanding of devel-

opmental stages and needs. The reports find that such skills and knowledge can be enhanced through various forms of early childhood interventions (home visiting, high quality child care, and parenting classes).

Family supports and services. This finding, which appeared throughout many of the written assessments, is significant enough to be grouped as a theme. The availability of family supports and services is important to address the problems of family and community difficulties and stress. These supports and services include recreation for families and children; sites for community activities, such as community and resource centers; adult education and job training programs; child care services; parenting classes; health services; mental health counseling; substance abuse counseling, and others. Parents have indicated they are interested in receiving information regarding health, safety, parenting and education in a variety of languages, in a variety of places, and through a variety of methods for preschool age children.

Access to services is a significant issue in Humboldt County. Access can be viewed in two ways. First is the literal availability of a service, and the means to get to that service to use it. Many services in Humboldt County are not located “close to home.” Families who live miles away from Eureka, the main hub of services, or far from other cities or communities may find it very difficult to get to them. Bus schedules are minimal in urban areas, and there is no public transportation in rural areas. The purchase price, cost of insurance, and maintenance of private vehicles is beyond the capacity of many families. Dirt or gravel roads in many areas make vehicle maintenance costly. In winter, heavy rains or snow may close roads into towns.

A second way to view access is from the subjective viewpoint of the person needing the service. Even if transportation is available, or the service is close by home, people may not go to it. Many agency environments and staff do not feel “safe” to clients, and they have no trust in them. There are also cultural barriers, including language differences, that stand in the way of accessing services.

Health and mental health services are perceived needs in Humboldt County. Health services such as children’s dental services, health education programs, access to early prenatal care, home visiting programs; and services that are close to people’s homes are limited. Mental health services needed include counseling for children and families and crisis mental health services. There are very few mental health providers with expertise in working with the 0-5 population. Mental Health services are difficult to obtain for low-income families, subsidies are limited, and services are not close to home for many families.

Child care and children’s services. Additional child care and children’s services are needed in the county. These needs include the following:

- Transportation to the services
- Educate parents so they know what quality services are
- Better financial status for parents so they can afford quality child care
- More child care services in more locations
- More subsidized child care

- Care for school age children
- Respite care
- Care for special needs children
- Extended hours for care
- Providers need more training

There are currently 804 children ages 0-5 on the subsidized child care waiting list. Only 4% of child care centers have space for infant care. Child care costs in 1998 were \$456/month for an infant and \$372/month for a preschooler.

Cultural issues and ethnic and racial tensions need to be addressed. There are barriers of language, communication, and understanding of differences.

Sustain programs that work. Programs that are working need to be sustained. Often programs are grants funded and do not last longer than the grant funding lasts. If a program proves itself, efforts should be made to find the funding to sustain it.

2. Provider forum. Another source of information for the Needs Assessment was the forum on May 18, 1999, attended by 75 providers of services to children and families. Input from this group reflects the same themes identified through the review of written assessments, as follows:

- Children and families need to have their basic needs met, connection and relationship with others, and access to services locally (close to home)
- Parents need support, education and training
- Family resource centers could be an excellent way to meet families' needs
- Comprehensive and coordinated home visiting services are also excellent ways to meet families' needs
- Agency and community collaboration, communication, and linkage with existing resources are essential to meeting families' needs
- Service providers need education and training

3. Newspaper surveys. A third source of information for the Needs Assessment was a two-question survey published in three local newspapers. Eighty people replied to this survey. To the question "What has/would help you most in raising your children?":

- 93.8% responded that parent education and support was the most helpful;
- 38.8% listed child care and child development services,
- 25% said health and wellness services.

To the question "What are your ideas on how this money can best be used to meet the Commission's goal of children entering kindergarten ready to learn?":

- 70% responded parent education and support;
- 61.3% said child care and child development services; and
- 31.3% said health and wellness services.

4. Focused discussion groups with parents. A fourth aspect of the Needs Assessment was the face-to-face focused discussion groups with parents. Participants included parents from the Head Start/Early Head Start Policy Council; parents of special needs children; CalWORKS students; Native American parents; H'Mong Parent Co-op members; and parents who use child care services. The primary need identified by parents was for parent education and support services. Responses stressed the need for activities that bring community members, parents and children together and for safe places to recreate and come together to meet and support each other. The second ranking need identified was for child care and early education. Parents identified the need for financial assistance with childcare and for more flexible times for services. Finally, a third set of needs was identified for health and wellness services. Parents stressed the need for providing the basic necessities for children, such as food, housing, and safety.

5. Focused discussion groups with providers. The fifth aspect of the Needs Assessment was the face-to-face focused discussion groups with providers of services to children and families. These groups included foster parents; home visitors and line staff from a variety of programs; child care staff and child care advocates; staff from County Mental Health and Child Welfare Services; and the Early Start HART/Med Team. The ranking of needs was the same as with parents. Parent education and support services— Providers voiced the same needs as parents, but there was more emphasis on developing programs and support that have staff to meet the need for parent education and support. Child care and early education— Providers brought up the lack of child care, especially in outlying areas. Health and wellness services— Providers focused on the need for pediatric dentists and mental health services.

B. Existing Services and Supports in Humboldt County

A working document that provided a “snapshot” of existing services and supports by geographic area was developed in Fall 1999 by reviewing existing resource guides and databases. These guides included the Humboldt Community Switchboard database; the Maternal, Child and Adolescent Health (MCAH) Division’s Family Resource Guide; the Humboldt County Kid’s Digest; the MCAH Five Year Plan; Humboldt Healthy Families Collaborative list of home-based support programs; Pacific Bell’s “Community Services” section and the Yellow Pages; a list of County Fire Protection Districts and volunteer fire departments; the Parenting Education Matrix; and a list of center-based child care services. This working document does not include, however, the strengths of the county which were identified through the Needs Assessment. These strengths include the large number of collaboratives working toward improving the health and well-being of children and families; the number of Healthy Start sites (twelve at this time); a large number of nonprofit agencies; and the low number of low birth weight babies born in the county.

C. Service Gaps

The Fall 1999 “snapshot”/working document of existing services and supports visually indicates the geographic areas where there are no identified resources. The Needs Assessment discussed above also indicates the areas of service gaps identified by parents and providers.

V. Commission Goals and Objectives

Goal:	A long-run (e.g. 5-10 year) statement of desired change, based upon a vision statement.
Objective:	A precise description of desired change that is short-range and measurable, and that supports the achievement of the goal.
Strategy:	The course of action taken to achieve stated goals and objectives
Indicator:	Specific process or performance measure that is used to determine whether programs, services or projects are achieving goals and objectives.
Outcome:	The actual measure of the extent to which programs, services or projects are achieving measurable objectives.
Baseline:	A piece of data information that serves as a base (starting point) for the measurement of progress.

Following is a list of the Goals and Objectives for the Strategic Plan. These are based upon the Commission's review of the data gathered during the Needs Assessment. The potential strategies, possible indicators, and possible outcomes (see definitions box above) of the Plan are in Appendix D. When the Commission develops the evaluation plan, it will include decisions about the indicators and outcomes that will be measured. The types of programs that will be funded during Year 1 are discussed in the next section, "Program Strategies."

Goals

1. To increase the number of children who thrive in supportive, nurturing families and neighborhoods
2. To increase the number of children who enter school ready to learn
3. To increase the number of children and families who become active participants of their communities and neighborhoods
4. To increase the integration, linkage and coordination among those that serve children and families

Objectives

1. Increase the number of families who are adequately supported in their communities and neighborhoods.
2. Increase the number of children living in safe, violence-free environments.
3. Increase the quality of child care and early childhood development services that promote skills and confidence in young children.
4. Increase the proportion of children living in smoke-free, alcohol-limited and drug-free environments, and environments that meet their basic needs.
5. Increase the proportion of children entering kindergartens who are developmentally ready.
6. Increase the proportion of children who have mental, dental and physical health needs met throughout their first five years.
7. Increase the reliability, accessibility, and affordability of high quality child care and early education services to all families who need or want them.
8. Increase the number of programs, services and projects for children ages 0-5 and their families that are integrated into a consumer-oriented and easily accessible system.

VI. Program Strategies

The Goals and Objectives cover a broad set of potential strategies and possible outcomes. Recognizing that not all of these could be funded in Year One of the Strategic Plan, Commissioners used the Delphi method of prioritizing the objectives. This prioritization was based on the following:

- The data gathered in the Needs Assessment
- How the State's three suggested broad areas of Parent Education and Support, Child Care and Early Education, and Health and Wellness were met
- What was learned from the literature, Commission members, and other professionals about "best practices"
- What seems to be the most "doable"
- What will provide a foundation for future work on other objectives and activities
- What is potentially the most cost effective

The listing of the objectives in this Plan in the above Section V is in the priority order determined by the Commission, with the exception of Objective 8. It is seen as an overarching priority that will be addressed in conjunction with all other objectives.

After performing the prioritization of objectives, the Commission recognized that even with the prioritization there is insufficient funding to address all objectives and potential strategies during the first few years of implementation. Commissioners then went through a second prioritization process to set funding priorities for immediate funding. This prioritization does not in any way exclude future consideration or funding of the objectives and potential strategies that are a part of Appendix D.

Immediate Funding Priorities: Year 1, July 2000 - June 2001
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1. Family Resource Centers

"Family Resource Centers" are natural access points for families in their communities. The development of a Family Resource Center can help achieve all three of the State Commission's "strategic results": Improved Family Function: Strong Families; Improved Child Development: Children Learning and Ready for School; and Improved Child Health: Healthy Children. Family Resource Centers also address the areas of family education and support, child care and early childhood education, and health and wellness. Helping a family to connect with a Family Resource Center can be a "next step" in a home visiting plan to overcome family isolation. A Family Resource Center (FRC) could be a building called "Family/Community Resource Center"; a Healthy Start site; a school; a child care center—any place that is a natural access point for families. A FRC is a place where families with young children can find a welcoming place to meet, and where home visitors/outreach workers can find a place to check in and get to know the community, its assets and potentially helpful persons. FRCs are most often established for a geographic area, but there is potential for establishing ethnic and culturally specific centers.

Family Resource Centers can improve local community access to:

- information
- education (parent, health, adult, advocacy)
- activities and services (One-stop shop agencies/programs on sites, such as health, mental health, welfare, home visiting, child care eligibility, WIC, employment and job services, housing)
- meeting places
- family recreation
- culturally appropriate community functions
- a place that is welcoming to both fathers and mothers
- linkages to outside information and services (domestic/family violence, injury prevention, substance abuse, smoking/tobacco cessation, home visiting, economic development, health insurance, nutrition, physical, mental, oral health)
- volunteer opportunities
- support groups, play groups
- family literacy activities

Prop 10 funding can be used to support the planning and implementation of the FRC. FRCs can provide the services, programs, etc. determined by the needs of the host community, which may assist in designing services when appropriate. FRCs will be required to operate in accord with the CFC goals, objectives, principles and guidelines.

A FRC Initiative could be set up in two phases. In Phase I, Planning, technical assistance and coordination services would be funded to support local communities/ neighborhoods/ collaboratives to develop proposals to expand/develop FRCs. All projects would be community supported and require multi-agency, multi-program, multi-funding streams. The process should be cooperative rather than competitive (one center per community), and would demonstrate meaningful engagement of local residents and programs.

In Phase II, Implementation, proposals would be submitted to the Commission for implementation based on community readiness. Technical assistance would be provided for writing and identifying matching funding. Funding levels may be ongoing depending on availability, but no FRC would be funded wholly by the Commission. Evaluation would be required for each program. This Initiative could be used to seek private foundation matching funds to provide an innovative way of establishing FRCs.

A child care center or provider could act as a FRC in a particular community. As such, it could operate particularly as a place to increase parent' capacities to organize and be active participants in community and county leadership for their children's welfare. In addition, it could provide local community access to many of the services/activities listed above.

2. Child Care/Early Childhood Development

For immediate funding Prop 10 funds will be provided to facilitate planning among those groups, collaboratives, agencies, and parents that are involved in child care and early childhood development. These planning funds will allow the stakeholders to work together to reach a consensus on community

needs and develop a strategic plan that can be implemented in future years. This future plan could include some of the following strategies, which were identified during the Commission's planning process. However, final decisions about the plan will be determined by the stakeholders involved in the field.

- Improve recruitment and retention of child care staff at every level of the child care system, including center staff, home visiting staff, and family daycare staff.
- Improve compensation of staff (stipends, salary enhancements, benefits, incentives)
- Provide training for providers (on sites, unit-bearing, include additional training in areas such as tobacco, alcohol and other drug addictions as they affect parents and children, infant brain development, cultural competency, family-focused, etc.). Assistance could be provided by the payment of fees, funding of substitutes, providing incentives for professional development.
- Educate parents about what constitutes high quality child care, and promote parent and community involvement with child care programs
- Support efforts of existing child care and early education collaboratives
- Increase affordability to families; could support an increase of subsidies to working poor and lower middle class families
- Provide linkages to promote access to health insurance and services that promote adequate nutritional, physical, mental, and oral health, and/or provide such services on sites
- Support a wide variety of available quality child care in outlying areas
- Provide literacy programs on site

3. Mini Grants/Special Projects

These types of projects/grants could focus on any program area—parent education and support, child care and early childhood education, health and wellness—and be used for various projects, such as those that assist pregnant women and parents of children ages 0-5 to stop using tobacco and protect their children from exposure to tobacco smoke. It could have different forms, such as:

1. Funding established community wide programs (Quality Maintenance and enrichment of established programs) that are a recognized asset and:

- are in need of monetary support for continuation or expansion
- are collaboratively integrated, user friendly, responsive to or serving primarily the target population
- use funding according to CFC policy guidelines, goals, and objectives
- agree to be evaluated according to CFC direction

Funding may be one time or ongoing but is not intended to be the only funding source and must not supplant any established, ongoing funding source.

2. Community activities funding available on an as-needed basis, similar to the “Angel Fund” of the Union Labor Foundation, though available only to community groups and collaboratives providing publicly available functions and activities meant for young children and/or their families. These are one-time funds that support the goals and objectives of the Humboldt County Commission. Funding would be available following submission of a brief application with a short turn around time.

4. Overarching all of the above: Integration/Collaboration/Linkages

The process of linking families with the resources/services they need is not routinely done for most families with children in Humboldt County, regardless of their income or education level. Consequences of the failure to link families with the services they need are delayed referrals, reactive rather than proactive interventions, too many interested people (whether providers or family) having a small, uncoordinated piece of the action, and frustration between both families and service providers. Work to improve integration and linkage functions can be accomplished through collaborating with existing groups, such as Whole Child Interagency Council, Humboldt Community NETWORK, the Training and Development Consortium, Healthy Starts programs, etc. Funding could be used as follows:

- Support policy and legislative change at local and state levels
- Develop a tool, based on sound developmental theory, to be used in kindergartens and schools to measure a child's developmental readiness
- Support public/private partnerships between those serving children and their families
- Support county wide standardized data collection
- Support interdisciplinary trainings and technical assistance
- Support interagency collaboration, communication, and linkages that improve access to services for families, extend resources, promote competencies, and develop capacity, based upon agreed-upon needs.
- Support user-friendly access to family supportive information and resources through telephone help lines, resource information, community kiosks, internet access, etc.
- Support positive, healthy, pro-family and community media messages that reflect Commission's values and activities

Long Range Priorities

Integration/Collaboration/Linkages, as discussed above.

Health & Wellness

Funds to support and/or promote the following:

- Health linkages or on-site services in child care settings
- A continuum of mental health services to families
- The availability of state insurance programs, such as Medi-Cal, Healthy Families, and AIM to eligible families
- Violence-free environments, healthy lifestyles, reduce substance abuse, and promote tobacco cessation
- Consistent health screening, dental care, perinatal care, and nutrition
- Immediate, one-time costs for specific activities that enhance Commission goals
- Education and support for home based providers
- Ongoing training and education for health care providers on tobacco addiction treatment, substance abuse referrals, and domestic violence

Home Visiting, Mental Health, Parent Education and Support

Research shows, and direct experiences verify, that the greatest risk to families is isolation— isolation from family, extended families, friends and neighbors. This isolation may be related to the families' unfamiliarity with the mainstream culture, such as recent immigrants; distrust or fear of trusting the mainstream culture because of past history (e.g., the genocide of American Indian tribes); or to fears related to mental illness, developmental delay, alcohol and other drug abuse, extreme family chaos, prior history with Child Welfare or law enforcement, or a combination of the above. To overcome this isolation, which impacts the adults, the newborn, and other children in the family, community-based outreach by an agency staff person—a home visitor—who is likely to be able to build a relationship, stay involved and gradually develop mutual trust and respect, is essential. Bringing resources to the family that they will see as useful—a “welcome wagon” approach, will be an essential first step to reconnect the family to some aspect of the community.

Outreach to families by a home visitor may help facilitate the bonding of a newborn baby to a central caregiver and family, connecting the family to their own supportive community. This bonding by a baby to her/his mother, father, aunt, uncle, and grandparents is recognized as the essential building block to human development. The home visits should begin even before the baby is born. The knowledge that a woman is pregnant, the inherent desire to protect the pregnancy, the support offered by others at that point, the birth and welcoming of the new life into the family and community offer great opportunities to begin the bonding process. In-home parent education and support, prenatally and during a child's first five years, could include:

- Developmental assessment
- Linkages to parenting classes
- Linkages to formal and informal family recreational activities
- Training of home visitors to be family centered and build on family strengths
- Provision of information focused on normal child development
- Family literacy activities
- Linkages to access health insurance
- Support of multi-agency collaborative activities that provide technical assistance, training, data collection, networking, information and problem solving to home visiting programs
- Provision of expertise to multiple agencies about parent education and support
- Mental health assessment, intervention, and treatment (with matching funds)
- Respite care
- Services that promote adequate nutritional, physical, mental and oral health
- Domestic violence services
- Injury prevention education
- Access to respite care (including home-based respite), mental health and stress reduction services for all families, including foster and kinship families
- Substance abuse treatment and tobacco addiction treatment for families and pregnant women

Matching funds

Some grant programs require applicants to provide matching funds for a project. The Commission could set aside a portion of its budget that local applicants could access as a match for a grant project.

VII. Infrastructure Support Strategies

A. Investment Plan

All of the funds for the 1998 year, and one-third of all allocations for the 1999-2000 year beginning with the February 2000 allocation will be placed in an Agency Endowment Fund. The goal of this type of fund is to provide growth for the Fund and have a consistent rate of payout for grant funds to agencies and the community. Up to one-third of each subsequent tobacco tax allocation beginning with the February 2000 allotment will be placed in this Fund. The first 5% of interest earned on the Fund will be invested back into the account each year. Interest earned above 5% will be transferred out of the Fund into a separate "Grants Expendable Fund." Funds allocated for grant purposes will not be invested but held in a short term money market fund. The amount to be placed in this grant fund each year will depend upon the annual strategic plan and the amount of tobacco tax allocated from the State.

B. Revenue Maximization

It is the intention of the Commission that funds received from Proposition 10 be leveraged and/or matched with other funds to maximize revenues. In addition to the investment plan described above, opportunities to maximize revenues may arise through the following mechanisms:

- Bringing new funding to Humboldt County to support community programs
- Developing strong community and business partnerships
- Strengthening current funding available to the county

Work will need to be done to realize these matches and to identify and implement other mechanisms to maximize revenue.

C. Systems Integration

This topic was discussed on page 21-22. Because the Commission recognizes the importance of this component, it has been included as an overarching objective and strategy for immediate and future funding. The Commission recognizes that this area needs more thought and planning as to how specifically systems integration can be accomplished.

D. Training and Consultation Component

The Commission will provide funds in its budget for contracting with consultants who will provide technical assistance and training on topics and projects as needed.

E. Information System

The specifications of the information system have not yet been designed.

F. Evaluation Component

Funding for the evaluation of the projects and programs funded by the Commission will be built into the award for the program. The evaluation component will be developed in conjunction with Commission staff and/or evaluation consultants using the parameters set forth in Section X, Evaluation.

VIII. Proposed Staffing

The Commission is in the process of contracting with a local nonprofit organization to provide the complete administrative and operational framework. This includes bookkeeping, office rental and other contracts, and employee management. Commission staff will be employees of the organization, subject to its personnel policies and procedures. Commission staff will be hired by a panel consisting of Commissioners and at least one member of the organization's management team.

A full-time Director will be recruited and hired. This individual will serve as the chief administrative officer for the Humboldt County Children and Families Commission, providing assistance to the Commission in fulfilling the goals and mandates of Proposition 10 and the county's strategic plan. These mandates include promoting strong families, helping children enter school ready and able to learn, and facilitating young children's (birth to five years) healthy development. Primary responsibilities will include planning, program implementation, financial management, staff management, public and community relations, Commission relations, and program evaluation. The Director is responsible to the Commission, and will be directed by the Commission Co-Chairs.

A full-time Administrative Secretary will be recruited and hired. This position will serve the Commissioners and the Director of the Humboldt County Children and Families Commission. Primary responsibilities include managing the Commission office, performing fiscal tasks, planning, providing support to the Director and Commission, public relations, and maintaining Commission facilities.

The Commission also maintains committees that consist of Commissioners, the current Consultants to the Commission, and interested and knowledgeable community members. These committees are either ad-hoc or standing, and will change as the needs of the Plan changes. They are:

Fiscal–Standing

- Operations–Standing
- Community Connections–Standing
- Evaluation–Standing
- Strategic Planning–Standing
- Personnel–Standing
- By-Laws–Ad hoc
- Community Advisory–Ad hoc
- Family Resource Centers–Ad hoc
- Child Care and Early Childhood Education–Ad hoc
- Mini Grants and Special Projects–Ad hoc

IX. Resource Allocation

All of the 1998 allocation was placed in the Agency Endowment Fund. One third of all allocations for the 1999-2000 year beginning with the February 2000 allocation are placed in the Agency Endowment Fund. Up to one-third of each subsequent tobacco tax allocation beginning with the February 2000 allotment will be placed in this Fund. Interest earned above 5% will be transferred out of this fund into the Grants Expendable Fund.

No more than one third of all allocations for the 1999-2000 year beginning with the November 1999 allocation are set aside for the start-up and administrative operations of the Commission. The administrative costs will decrease and the budget will be reduced in subsequent years.

At least one third of all allocations for the 1999-2000 year beginning with the February 2000 allocation are set aside into a Grants Expendable Fund. Expendable funds allocated for grant purposes will not be placed in long term investments, but will be held in a short term money market fund. The amount to be placed in this grant fund each year will depend upon the annual strategic plan and the amount of tobacco tax allocated from the State. Interest earned beyond the first 5% on the Agency Endowment Fund will also be moved to the Grants Expendable Fund.

For the first Fiscal Year, the Commission has approved the distribution of the Grants Expendable Fund to the program areas as discussed in Section VI: Program Strategics, as depicted below:

	Percent	Amount
Family Resource Centers	<i>75%</i>	<i>375,000</i>
Child Care/Early Education	<i>10%</i>	<i>50,000</i>
Mini Grants/Special Projects	<i>15%</i>	<i>75,000</i>
Integration/Collaboration/Linkages (each of the abovethree focus areas will incorporate this into the work	<i>part of above</i>	<i>part of above</i>
	<i>100%</i>	<i>\$500,000</i>

X. Evaluation

Humboldt County's Commission is dedicated to the concept of a "new way of doing business." Part of this new way of business is looking at new ways of evaluation. As Lisbeth Shorr states in Common Purpose, "The mismatch between [traditional] prevailing evaluation approaches and the most promising kinds of social interventions has resulted not only in skewing of program design away from complex, community responsive interventions, but also in a lack of reliable information about many interventions that may have been successful but were considered 'unevaluable.'...The 'flawed alternatives' [to experimental design] may provide less certainty about what, exactly, caused the observed effects but do offer a wider range of information about what may turn out to be more useful in making judgments about what really matters . . . The new approaches to evaluation of complex interventions share at least four attributes: They are built on a strong theoretical and conceptual base, emphasize shared interests rather than adversarial relationships between evaluators and program people, employ multiple methods and perspectives, and offer both rigor and relevance." Humboldt County's evaluation plan will embrace "new approaches" and include the use of the "logic model" and both qualitative and quantitative data.

The evaluation will be based upon the goals and objectives as well as the activities that will be designed to meet the objectives. Carefully identified and gathered information will demonstrate the efficacy and efficiency of the Plan's overall performance and effectiveness as well as that of the individual activities within the Plan.

There will be two "levels" of evaluation- the overall plan evaluation and the evaluation of funded activities and programs. The Commission's approach to evaluation will be participatory, involving service providers, parents, Commission members, and evaluation experts. The data collected will be used to fine tune and improve the Commission's funded activities and services as well as to document their impact.

Much of the baseline data for many aspects of the Plan is not readily available. Consequently, the Commission will dedicate some of its initial funding toward addressing this concern. Examples of missing or incomplete data/information on:

- Family functioning
- Businesses with family friendly policies
- Family friendly community gathering places
- Agencies sharing data resources and using common intake forms
- Agencies including users of services in program planning

There are a number of tasks involved in the creation and implementation of the evaluation plan. These include:

- Developing a detailed evaluation framework and timeline, including selection of methodologies. Steps include: engaging stakeholders, program description (including logic model), focusing the evaluation design.
- Incorporating evaluation activities into overall program implementation

- Selecting/assigning program evaluators
- Training of staff (for both overall evaluation and evaluation of funded activities and programs) in data collection, methodology and procedures
- Establishing regular reporting formats and schedules
- Ensuring use of evaluating findings and sharing of lessons learned
- Revising and refining programs and activities to incorporate lessons learned

DRAFT

Appendices

Appendix A: Reports, Assessments and Data Reviewed

Abbreviated Consolidated Plan, Humboldt County, California
Agnes J. Johnson School, Healthy Start Operational Grant Application
Analysis of Subjective Well-being and Quality of Life in Humboldt County
Bridgeville Community Visioning and Planning
Bridgeville Healthy Start
California Alcohol and Drug Data System, Humboldt Co., 7/1/97-6/30/98
CalWORKS Plan
Casterlin Elementary School Healthy Start Operational Grant Application
Children NOW County Data Book, 1997
City of Eureka General Plan Housing Element
Community Vision for Willow Creek
Comprehensive Community Plan, So. Humboldt Consolidation of Services
Domestic Violence Prevention Program
Even Start Family Literacy Program grant application, Hoopa Valley Tribe
Fortuna Healthy Start Survey Results
Health and Educational Needs Assessment of Students in a Rural California Community
Hoopa Valley Indian Reservation Activities, March 1999
Humboldt Child Care Council Information for Proposition 10 Commission
Humboldt Community NETWORK plans
Humboldt County Child Care Needs Assessment
Humboldt County Child Welfare Services Data, 1996-98
Humboldt County Child Welfare Services Data, 1998
Humboldt County Fetal-Infant Mortality Review, Trends, and Risk Factor Analysis
Humboldt Co. Fetal-Infant Mortality Review and Child Death Review Team, Recommendations, 1995-96
Humboldt County Gang Risk Intervention Program
Humboldt County Housing Element Update
Humboldt County Human Services Cabinet Strategic Plan 1998-2003
Humboldt County Maternal, Child and Adolescent Health (MCAH) Community Profile and Annual Plan Update
Humboldt County Maternal, Child and Adolescent Health (MCAH) data compiled from several sources
Humboldt County Mental Health Monthly Statistical Summary, 1997-98
Humboldt County Office of Education 1997-98 Gang Risk Intervention Program Evaluation
Humboldt Healthy Families Collaborative Activities, Goals, and risk assessment data
Information About Tobacco Use, Humboldt County Tobacco Education Program
Juvenile Crime Enforcement and Accountability Challenge Demonstration Grant
Juvenile Crime Enforcement and Accountability Challenge Grant, Semi-Annual Progress Report
Latinas and HIV/AIDS Education/Prevention Services, focus group results
Marshall Elementary School Healthy Start Operational Grant Application
Miranda Junior High and South Fork High Schools Healthy Start Operational Grant Application
North Coast School-to-Career Consortium
Northcoast Children's Services, Humboldt-Del Norte, Head Start Early Head Start

Orick Healthy Start Grant Application
Project FAIR (Family Advocacy, Intervention and Resources)
Redway, Ettersburg & Whitethorn Schools Healthy Start Operational Grant Application
Redwood Coast Regional Center staff input regarding needs for CCFF
Regional Workforce Preparation and Economic Development in Humboldt County, grant application
Safe Communities Task Force: K'ima:W Medical Center Community Injury Prevention Program
Smoke Free Kids Week Evaluation Report
Summary and Meta-Analysis of Humboldt County's Existing Needs Assessments, Children, Families and Young Adults, February 1999
Taking Control of Orick's Economic Future
TAPESTRY Grant Application: Office of Community Challenge Grant
Teenage Pregnancy, Unwed Mothers and Fatherless Families: Issues, Consequences and Community Solutions
Trinity Valley Healthy Start Operational Grant Application
United Indian Health Services NA-AS Program
Weight Change of Infants, Age Birth to 12 Months, Born to Abused Women
Willow Creek Community Resource Center: Report to Date of Service Provided and Areas of Perceived Need, 3-22-99
Youth Services Snapshot of Humboldt County

Appendix B: Background of Humboldt County

Humboldt County is located in the northwestern corner of California and is one of California's most rural and isolated counties. The County has a beautiful setting between the rugged Pacific Coast to the west and high mountains to the east. It is rich in natural resources that have afforded the community recreational and job opportunities for many years. In the 1990 census Humboldt County had a population of 119,118 people scattered across a land area the size of Rhode Island. This was an increase of 10% since 1980, and is expected to climb an additional 17% by the end of the decade. The population density is 35 persons per square mile, more rural than the State's "rural" definition of 52 persons per square mile.

The county is slowing becoming more racially diverse. In the 1990 census 87.5% of the population was White, 5.2% American Indian, 4.2% Latino, 1.9% Asian/Pacific Islander, and .8% African American. Children account for 27% of the population, and are more racially diverse than the population as a whole, with 81.7% White, 10.1% American Indian, 3.5% Latino, 3.3% Asian/Pacific Islander, and 1.4% African American. Births in 1993 were 80% White, 9% American Indian, 7% Latino, 3% Asian/Pacific Islander, and 1% African American.

Most of the population is located in the Humboldt Bay area, where the county seat, Eureka, has a population of approximately 27,000. The city of Arcata, also located on Humboldt Bay, is the second largest population center with approximately 15,000 residents. There are only five other incorporated cities in the county, all within 30 miles of Eureka and located along the two main highway corridors, Highway 101 running north/south and Highway 299 running east/west. The rest of the county's population lives in small, unincorporated communities of 3,000 people or less or in the rugged mountainous areas. Many live miles back on dirt roads with no public services of any kind, including water, utilities, or road maintenance. County services in Eureka are more than a two-hour drive for many residents.

In spite of the extreme rural nature of the county and the long distances from many services, government agencies and community members have worked hard to develop a system of social services and have a national reputation for volunteering that reaches across class and social barriers. There is a tremendous commitment to improving the quality of life for County children and families among elected officials, public agency staff, community providers, families and other professionals. Parents and other citizens are already actively engaged in designing programs and providing services in many communities.

There are currently 750 non-profit organizations and other creative and responsive community based services programs in the county, including schools and school-based services, Humboldt State University, College of the Redwoods, and Humboldt Area Foundation.

Appendix C: Costs of Smoking for TANF Families

The Financial Burden of Tobacco addiction on Low-Income Families

For Example: Costs of Smoking for Families on TANF*

(All costs are monthly and based on conservative estimates of costs in Humboldt county)

Costs of Smoking as % of “Discretionary” Income

Family of Four - both parents smoke a pack a day each per month (\$166.80)	61%
Family of Three - one parent smokes a pack a day per month (83.40)	51%

Costs of Cigarettes

One Pack a day of “generic” cigarettes @ \$2.78 per pack X 30 days	\$83.40
Two Packs a day of “generic” cigarettes @ \$2.78 per pack X 30 days	\$166.80

Housing Costs for a Family of 4

Rent - 2 bedroom apartment (estimated from newspaper ads, \$375 to \$600)	\$450.00
Utilities - low estimate of electricity, gas, phone	\$50.00

Monthly Income for a Family on TANF +

Family of four (two parents, two children)	\$772.00
Family of Three (one parent, two children)	\$649.00

“Discretionary” Income After Housing Costs

(If food stamps and Medi-Cal cover food and health, these \$\$ have to pay for: transportation, clothing, laundry, and all other family and personal expenses.)

Family of four (two parents, two children)	\$272.00
Family of Three (one parent, two children)	\$149.00

*TANF - Temporary Assistance for Needy Families - formerly AFDC
+information from the Humboldt County Dept. of Social Services

Appendix D: Potential Strategies, Indicators and Outcomes

Potential Strategies, Indicators and Outcomes

The Commission recognizes that baselines need to be identified and/or established for many of the indicators and outcomes listed below. Once established, these baselines will allow the measurement of goal and objective achievement over time.

In addition to the Principles that the Commission developed and adopted early in its process, it will consider the following overarching concepts in making decisions about activities that will be funded.

- Cultural and gender differences and the diversity of family constellations and family structures must be considered in all programs. Community understanding of the strengths of diversity is vital.
- Poverty and the scarcity of jobs providing a living wage are overarching issues for many families in Humboldt County. The goals, objectives, and strategies of the Strategic Plan are intended to improve the health and well-being of all children and families in the context of these troubling issues.
- Programs should be consumer-oriented and easily accessible. However, access is a complex issue. Even if a service or resource is there, people may not access it for many reasons. Relationship between service providers and recipients is a key component in access.
- Media literacy is encouraged, and a social marketing approach will be used for educational and media activities.
- Services/activities/programs that are doing positive things for families should be publicly recognized.
- All activities should be accessible and friendly to men as well as women and children.
- All programs, services and activities should be linked to nutritious food and smoke-free environments.
- Programs should make a commitment to primary prevention with linkages to treatment services.
- Agencies and programs should be supported in their efforts to collaborate, coordinate and link their services in a way that provides the most benefit for families.

Goals:

1. To increase the number of children who thrive in supportive, nurturing families and neighborhoods
2. To increase the number of children who enter school ready to learn
3. To increase the number of children and families who become active participants of their communities and neighborhoods
4. To increase the integration, linkage and coordination among those that serve children and families

Objectives, Strategies, Indicators and Outcomes: these are applicable to all four goals.

1. Increase the number of families with children ages 0-5 who are adequately supported in their communities and neighborhoods

Potential strategies

- A. Support businesses and agencies in adopting family-friendly policies and practices
- B. Support parents in obtaining skills to advocate for what they need
- C. Promote volunteer opportunities that promote strong, healthy families

- D. Support agencies in creating neighborhood-based adult education programs that are easily accessible to families with young children
- E. Support the development of neighborhood-based support groups
- F. Support and encourage existing economic development opportunities and programs
- G. Support media and public relations activities that raise the awareness that communities have a responsibility to adequately support their families
- H. Support increasing the number of low cost, developmentally and culturally appropriate activities for families of children ages 0-5
- I. Support increasing the number of locations that provide safe, healthy meeting areas and sites for families to gather together
- J. Support positive, healthy, culturally appropriate community events and activities for families
- K. Support the development of Family Resource Centers as “one stop shops” for an array of services that assist families in becoming self-sufficient (including employment/job services, housing, counseling, etc.)

Possible Indicators

- Number of parent volunteers in community programs
- Number of businesses with family-friendly policies
- Number of people unemployed
- Number of homeless children and families
- Number of children living in poverty
- Number of pro-family supportive messages
- Number of low cost, developmentally and culturally appropriate activities for families and children ages 0-5 in communities
- Number of locations where families feel safe in gathering together

Possible Outcomes

- % increase in number of businesses with family friendly policies
 - % decrease in unemployment rate
 - % decrease in number of homeless families
 - % decrease in families living at and below poverty level
 - % increase in low cost community activities available to families
 - % increase in number of family friendly community gathering places
2. Increase the number of children living in safe, violence-free environments.

Potential Strategies

- A. Promote parent education opportunities, including assessment, referral, intervention and treatment (with matching dollars), both prenatally and during a child’s first five years
- B. Support multi-agency in-home parent education and support services, both prenatally and during a child’s first five years

- C. Promote access to educational materials and programs in the area of domestic violence and injury prevention
- D. Promote access to respite care, mental health and stress reduction services for all families, including foster and kinship families
- E. Promote the availability of substance abuse treatment and smoking cessation programs for the family and for pregnant women and their families
- F. Promote access to parent supports, such as family resource centers, play groups, child care, recreation, and centers of community life
- G. Support the training of professionals (child care, medical, social services) to recognize substance abuse and domestic violence in families to increase professional's comfort in making referrals to recovery and intervention services.

Possible Indicators

- Number of parents participating in parenting classes
- Number of parents receiving in-home services
- Number of children reported (and substantiated) to CWS as abused and neglected
- Number of parents reporting satisfaction with educational materials
- Number of parents participating in substance abuse, smoking cessation, and conflict management programs that do not relapse
- Number of parents accessing stress reduction, mental health and respite programs that report improvements in family relations
- Number of calls to domestic violence shelters, crisis lines, and police
- Number of childhood injuries
- Number of children in out-of-home placements
- Number of parents on waiting lists for respite care
- Number of parents reporting satisfaction with parent support and education services
- Number of parent supports that are geographically and culturally accessible

Possible Outcomes

- % improvement in family functioning
 - % reduction in number of children substantiated as abused and neglected
 - % reduction in family violence
 - % decrease in number of children hospitalized for injuries
 - % long term decrease in calls regarding family violence
 - % increase in number of families participating in community activities
3. Increase the quality of child care and early childhood development services that promote skills and confidence in young children.

Potential Strategies

- A. Support the ability of child care providers (family child care, center-based, and exempt providers) to attend trainings through payment of fees, funding of substitutes, and incentives for professional development

- B. Promote parent education of what constitutes quality child care and how to select a quality child care program
- C. Promote parent and community involvement in providing and securing quality child care programs
- D. Promote healthy, smoke-free, alcohol and other drug-free, television-free child care and early childhood education facilities
- E. Promote the creation and implementation of strategies that increase recruitment, compensation and retention of child care providers

Possible Indicators

- Number of child care/early childhood education providers completing professional development programs
- Number of child care/early childhood education providers using developmentally appropriate practices
- Number of child care/early childhood education programs seeking accreditation
- Number of programs with teachers/directors that apply for and meet the criteria for mentor teacher or mentor director programs
- Number of parents able to identify what is quality child care
- Number of child care/early childhood education facilities with high scores on Early Childhood Environment Rating Scale (ECERS)
- Number of child care/early childhood education programs experiencing unacceptably high staff turnover
- Number of child care/early childhood education substitutes available
- Number of child care/early childhood education providers reporting satisfaction with compensation

Possible Outcomes

- % increase in number of child care/early childhood education providers completing professional development programs and increasing their level on the child development scale
 - % increase in number of accredited child care/early childhood development programs
 - % increase in number of child care/early childhood development programs using ECERS scale and having high scores
 - % of child care/early childhood education providers who are familiar with developmental methods
4. Increase the proportion of children living in smoke-free, alcohol-limited and drug-free environments, and environments that meet their basic needs.

Potential Strategies

- A. Promote the availability of substance abuse treatment and tobacco addiction treatment programs for families, pregnant women and their families, and pregnant teens
- B. Promote the linkage of families to existing services and programs for tobacco addiction treatment and alcohol and other drug treatment

- C. Promote the reduction and limitation of tobacco and alcohol sales in residential neighborhoods
- D. Promote smoke-free family child care and exempt child care environments, including providing cessation information
- E. Support the universal screening of all newborns for alcohol and other drug exposure
- F. Promote public awareness of effects of tobacco, alcohol and other drug abuse on family functioning and well being
- G. Promote family access to services or programs that will ensure that all families can meet the basic needs of their youngest members
- H. Support skill and motivation building programs for health care providers that will result in tobacco use cessation counseling at every visit for pregnant patients and parents of children ages 0-5.

Possible Indicators

- Number of children with smoke related illnesses
- Number of children exposed to secondhand smoke
- Number of babies born exposed to alcohol and other drugs
- Number of parents on waiting lists for substance abuse treatment
- Number of families assessed as “at risk” who receive appropriate referrals and services

Possible Outcomes

- % increase in number of infants born into families living in smoke-free environments
- % decrease in number of pregnant women who smoke as reported by prenatal care providers
- % decrease in number of children under age five exposed to secondhand smoke as reported in CHDP exam
- % decrease in number of children’s hospital visits for smoke-related illnesses
- % of home care providers and exempt providers who do not smoke when children are present
- % decrease in the number of reported positive neonatal toxicology screens

5. Increase the proportion of children entering kindergarten who are developmentally ready.

Potential Strategies

- A. Support the development of a tool, based on sound developmental theory, that can be used in kindergartens and schools to measure a child’s developmental readiness
- B. Promote parent education regarding a child’s appropriate development
- C. Promote the participation of parents and caregivers in pre-literacy activities
- D. Promote volunteering as a literacy tutor for families and children

Possible Indicators

- Number of kindergarten teachers reporting that their students are developmentally ready
- Number of parents understanding a child’s appropriate development

- Number of pre-literacy programs
- Number of family literacy programs
- Number of parents/caregivers participating in pre-literacy programs
- Number of volunteers becoming literacy tutors

Possible Outcomes

- % increase in number of children developmentally ready for kindergarten
6. Increase the proportion of children who have mental, dental and physical health needs met throughout their first five years.

Potential Strategies

- A. Promote the nutritional health status of children prenatal through kindergarten entry
- B. Promote the importance of children meeting age-appropriate milestones for medical and dental care and screening (such as immunizations, well-baby/well-child visits, lead screening, dental checkups, etc.) by the time they enter kindergarten
- C. Support in-home, multi-agency availability and use of a continuum of mental health services (from prevention to primary treatment, with linkages to treatment services) to families with children ages 0-5
- D. Support the early identification and treatment of mental health and developmental issues for all children
- E. Promote access to adequate prenatal care
- F. Promote the availability of state insurance programs, such as Medi-Cal, Healthy Families, and AIM to eligible families
- G. Support education and access to comprehensive early intervention services for children with special needs
- H. Support the education of parents and caretakers about the need for physical activity for children ages 0-5
- I. Promote education and support for home based service providers
- J. Promote access to dental prevention and intervention services for children ages 0-5

Possible Indicators:

- Number of children with a medical and dental home
- Number of children adequately immunized
- Number of children with childhood anemia
- Number of children with nutrition related problems
- Number of children testing positive for lead poisoning
- Number of eligible children receiving CHDP exams
- Number of needy children receiving mental health services
- Number of eligible families with state health insurance coverage for their children
- Number of children screened for and receiving adequate services for developmental disabilities

- Number of babies born at a low birth weight, other birth indicators such as prematurity, low Apgar, positive toxicology screens
- Number of children receiving dental screens

Possible Outcomes:

- % increase in children's immunization rate
- % decrease in childhood anemia
- % decrease in children testing positive for lead exposure
- % increase in number of eligible children receiving CHDP exams
- % increase in number of families with health insurance that covers their children
- % decrease in number of children entering kindergarten with dental, medical and nutrition problems
- % increase in number of children receiving school or child care based food services
- % decrease in childbirth related morbidity and mortality
- % decrease in premature births
- % decrease in reported positive toxicology screens

7. Increase the reliability, accessibility, and affordability of high quality child care and early education services to all families who need or want them.

Potential Strategies:

- A. Support increased geographic and cultural accessibility of child care/early childhood education services and options
- B. Support quality child care/early childhood education services and options that are affordable for families
- C. Promote employer-supported quality child care/early childhood education services
- D. Promote the training of providers and early childhood educators on how to recognize and respond to cultural and language differences
- E. Support churches and school districts with buses in providing transportation to children under 5 and their parent/caregiver to child care/early childhood education programs or family service centers on existing or modified routes
- F. Promote the provision of subsidies to working poor and lower middle class families not currently eligible for vouchers to enable them to send their children to quality child care/early childhood education programs
- G. Promote subsidies of child care center/early childhood education program costs

Possible Indicators:

- Number of child care/early childhood education slots and facilities available in geographically underserved areas
- Number of parents reporting that their child care/early childhood education program is respectful of their culture and language

- Number of parents reporting that their child care/early childhood education program is affordable, reliable, safe, and high quality
- Number of parents reporting that they have a consistent and reliable means of transportation to child care/early childhood education services

Possible Outcomes:

- % increase in accessibility of high quality child care/early childhood education services
 - % increase in affordable, high quality child care/early childhood education services
 - % increase of child care/early childhood education availability in underserved areas
 - % increase in employer supported child care/early childhood education programs
8. Increase the number of programs, services and projects for children ages 0-5 and their families that are integrated into a consumer-oriented and easily accessible system.

Potential Strategies:

- A. Support policy and legislative change at local and state levels
- B. Support public/private partnerships among those serving children and their families
- C. Support agencies/programs in sharing data resources and/or developing original, standardized data and assessment tools in a joint effort
- D. Support agencies/programs in sending their staff to interdisciplinary trainings and providing interdisciplinary technical assistance
- E. Support agencies/programs efforts that involve including users of services in planning and decision-making processes
- F. Promote an increase in the amount and quality of strong, positive communication among agencies and programs
- G. Support agencies and programs that build delivery of services upon natural access points for families
- H. Support agencies/programs in using common intake forms
- I. Support agencies/programs in sharing resources

Possible Indicators:

- Number of public/private partnerships that benefit young children and their families
- Number of agencies and programs sharing data resources and creating standardized data that benefits a number of agencies
- Number of staff in agencies attending interdisciplinary training and receiving interdisciplinary technical assistance
- Number of agencies that include users of services in planning and decision-making
- Number of agencies using natural access points to reach families with young children
- Number of policy and legislative changes that benefit families with young children
- Number of agency staff and management report strong, positive interagency communication
- Number of agencies/programs using common intake forms

Possible Outcomes:

- % increase in number of agencies/programs sharing data resources
- % increase in number of agencies/programs that include users of services for young children and their families in program planning
- % increase in number of staff reporting strong, positive interagency communication
- % increase in number of agencies/programs using common intake forms
- % increase in legislative/policy changes that benefit families with young children
- % increase in number of agencies attending interdisciplinary training and receiving interdisciplinary technical assistance
- % increase in number of public/private partnerships benefiting families and children